								Application of Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999										09	16	031	61
CLAIMS AS FILED - PART I (Column 1) (Column 2).									LL E	NTITY	OR	OTHER SMALL E	
FOR NUMBER FILED NUMBER EXTRA								RAT		FEE		RATE	FEE
BASIC FEE .				The second secon					Z.	345.00	ОЯ	12. P	690.00
TOTAL CLAIMS				48 minus 20= · 28				X\$ 9)æ	252	OR	X\$18≖	
IN	INDEPENDENT CLAIMS 2 minus 3 = .							X39	=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT)=		OR	+260=	
•	* If the difference in column 1 is less than zero, enter "0" in column 2									597	OR	TOTAL	
CLAIMS AS AMENDED - PART II												OTHER	
L		(Column 1) (Column 2) (Column 3						SMA	LL	ENTITY	OR I	SMALL	
MA			REI	LAIMS MAINING LETER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
AMENDMENT		Total	• ,	50	Minus	. 48	. 2	X\$ 9	9=	18	OR	X\$18=	
R		independent	٠	6	Minus	3	- 3	X39) =	129.00	OR	X78=	/.
Ľ	•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 0=	00	OR	+260=	
		• .							TAL	147.00	1	YOYAL	-
				41	,	(Column 2)	(Column 3)	ADDIT.	FEE		10	ADDIT, FEE	
H	1	Sy Marchand Color		Numn 1)	1 1. 189	HIGHEST			_	ADDI-	1		ADDI-
AUCHOWENTR		H.		MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	RAT	ΓE	TIONAL FEE		RATE	TIONAL FEE
Š		Total	ال.	51:	Minus .	· 5:H	-	X\$	9=		OR	X\$18=	
		Independent	•	6	Minus	··· 6	<u>- 4</u>	ХЗ)=		OR	X78=	
F		FIRST PRES	ENTAT	ION OF M	ULTIPLE DE	PENDENT CLAIM	<u></u>	+13	0=		OR	+260=	
l								ADDIT.	OTAL FEE		OR	ADDIT. FEE	1
ŀ		(Column 1) (Column 2) (Column 3)											
1	_		RE	ELAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDAEA		Total	· ~	12	Minus	54	= \b	XS	9 ·	<u> </u>	OR	X\$18=	
		Independent	1.	6	Minus	• 6	• (V	ХЗ		<u> </u>	OR	V20	
	₹	FIRST PRES	ENTA	TON OF M	ULTIPLE DE	PENDENT CLAIM	A.	-		 	1	-	十一
		11 ak	d 1	is loss ther	ha anins in an	uma 2 weka 10° in o	okuma 3.	+13			OR	TOTAL	<u> </u>
	**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							FEE		OR	ADDIT. FEE	
		ii die inignest Ni The "Highest Ni	imber P	reviously Pa	aid For (Total	or Independent) is the	ne highest number	found in	pe ert	ppropriate b	ox in c	olumn 1.	

FORM PTO-675 (Rev. 12/99)

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

U.S. GPO: 2000-483-433/20044